

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Title::	Electronic Product Design
Attorney Docket Number::	03-021
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity::	Yes
Petition Included::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Daniel R.
Family Name::	Malone
City of Residence::	Arlington
State of Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	35 Sherborn Street
City of mailing address::	Arlington
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02474

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Alexander K.
Family Name::	Schowtka
City of Residence::	Weston
State of Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	52 Montvale Road
City of mailing address::	Weston
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02493
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Family Name::	Dulaney
City of Residence::	Paxton
State of Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	23 Old Lantern Circle
City of mailing address::	Paxton
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01612

### **Correspondence Information**

Correspondence Customer Number::	37420
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**Representative Information**

Representative Customer Number:: 37420

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignment Information**

Assignee Name::